



Public Employees' Retirement System of Nevada
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Toll Free 1-866-473-7768 Website: www.nvpers.org Email: nvpers@nvpers.org

Federal Income Tax Withholding Certificate

Please print or type in black ink.

Your Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

If you receive more than one benefit check each month, please select ALL ACCOUNTS to which these instructions are to be applied:

- Your Retirement Benefit, Beneficiary/Survivor Benefit, Alternate Payee Benefit

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Select ONE of the following three options.

Option #1
I do not wish to have federal income tax withheld from my benefit. I realize I am liable for payment of federal taxes on my retirement benefits and I may be subject to tax penalties under the estimated tax payment rules if my payments are inadequate.

Option #2
I authorize PERS to calculate the amount of taxes to be withheld based on the following information:
Marital Status: (must mark one) Single Married
Exemptions Claimed: 1 for yourself, 1 for your spouse, Other exemptions, Total
I also authorized the additional amount of \$\_\_\_\_\_ to be added to the amount calculated based upon the above instructions.

Option #3
I authorize PERS to withhold the following flat-rate amount from my monthly check/s \$\_\_\_\_\_.

I have reviewed the information on this form and hereby submit these instructions for purposes of federal income tax withholding.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_